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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NC	SHEETS DRAWING 9	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

Methods for the treatment of HIV and other viruses

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